### UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF VIRGINIA

19-30796

### CHAPTER 13 PLAN AND RELATED MOTIONS

| Name of Debtor(   | S): Jacqueline Kyeve Shipp   | Case No:  |
|---|--|---|
| This plan, dated _  | <b>February 15, 2019</b> , is:   |   |
|   | the <i>first</i> Chapter 13 plan filed in this case a modified Plan, which replaces the □confirmed or □ unconfirmed Plan da Date and Time of Modified Plan Confirmed Plan Confirmed Plan of Modified Plan Confirmed Plan Con | rmation Hearing:  |
|   | Place of Modified Plan Confirmation H  | earing:   |
|   | The Plan provisions modified by this filing are  | e:  |
|   | Creditors affected by this modification are:   |   |
| 1. Notices  |  |   |
| To Creditors:   |  |   |
|   | cuss it with your attorney if you have one in  | e reduced, modified, or eliminated. You should read this plan<br>this bankruptcy case. If you do not have an attorney, you may        |
|   |  | rision of this plan, you or your attorney must file an objection to<br>ng on confirmation, unless otherwise ordered by the Bankruptcy |
| The Bankruptcy (2) Norfolk and I (a) A schedule (1) an ar (2) a cor | Newport News Divisions: a confirmation head confirmation hearing will not be convenent to the scheduled consent resolution to an objection to confirmate   |   |
| In addition, you  | may need to file a timely proof of claim in o  | rder to be paid under any plan.   |
| The following ma  | atters may be of particular importance.  |   |

Debtors must check one box on each line to state whether or not the plan includes each of the following items. If an item is checked as "Not Included" or if both boxes are checked, the provision will be ineffective if set out later in the plan.

| <b>A.</b> | A limit on the amount of a secured claim, set out in Section 4.A which may | ■ Included        | ☐ Not included |
|-----------|--|-------------------|----------------|
|           | result in a partial payment or no payment at all to the secured creditor   |                   |                |
| В.        | Avoidance of a judicial lien or nonpossessory, nonpurchase-money           | ☐ Included        | ■ Not included |
|           | security interest, set out in Section 8.A                                  |                   |                |
| C.        | Nonstandard provisions, set out in Part 12                                 | <b>■</b> Included | ☐ Not included |

**2. Funding of Plan.** The debtor(s) propose to pay the Trustee the sum of \$ 665.00 per month for 60 months. Other payments to the Trustee are as follows:

# Case 19-30796-KRH Doc 2 Filed 02/15/19 Entered 02/15/19 16:22:22 Desc Main Document Page 2 of 15

The total amount to be paid into the Plan is \$ 39,900.00

19 - 30796

- **3. Priority Creditors.** The Trustee shall pay allowed priority claims in full unless the creditor agrees otherwise.
  - A. Administrative Claims under 11 U.S.C. § 1326.
    - 1. The Trustee will be paid the percentage fee fixed under 28 U.S.C. § 586(e), not to exceed 10% of all sums received under the plan.
    - 2. Check one box:
  - Debtor(s)' attorney has chosen to be compensated pursuant to the "no-look" fee under Local Bankruptcy Rule 2016-1(C)(1)(a) and (C)(3)(a) and will be paid \$\_5,223.00\_, balance due of the total fee of \$\_5,223.00\_ concurrently with or prior to the payments to remaining creditors.
  - □ Debtor(s)' attorney has chosen to be compensated pursuant to Local Bankruptcy Rule 2016-1(C)(1)(c)(ii) and must submit applications for compensation as set forth in the Local Rules.
    - B. Claims under 11 U.S.C. § 507.

The following priority creditors will be paid by deferred cash payments pro rata with other priority creditors or in monthly installments as below, except that allowed claims pursuant to 11 U.S.C. § 507(a)(1) will be paid pursuant to 3.C below:

CreditorType of PriorityEstimated ClaimPayment and TermInternal Revenue ServiceTaxes and certain other debts13,185.00Prorata22 months

C. Claims under 11 U.S.C. § 507(a)(1).

The following priority creditors will be paid prior to other priority creditors but concurrently with administrative claims above.

<u>Creditor</u> <u>Type of Priority</u> <u>Estimated Claim</u> <u>Payment and Term</u>

- 4. Secured Creditors: Motions to Value Collateral ("Cramdown"), Collateral being Surrendered, Adequate Protection Payments, and Payment of certain Secured Claims.
  - A. Motions to Value Collateral (other than claims protected from "cramdown" by 11 U.S.C. § 1322(b)(2) or by the final paragraph of 11 U.S.C. § 1325(a)). Unless a written objection is timely filed with the Court, the Court may grant the debtor(s)' motion to value collateral as set forth herein.

This section deals with valuation of certain claims secured by real and/or personal property, other than claims protected from "cramdown" by 11 U.S.C. § 1322(b)(2) [real estate which is debtor(s)' principal residence] or by the final paragraph of 11 U.S.C. § 1325(a) [motor vehicles purchased within 910 days or any other thing of value purchased within 1 year before filing bankruptcy], in which the replacement value is asserted to be less than the amount owing on the debt. Such debts will be treated as secured claims only to the extent of the replacement value of the collateral. That value will be paid with interest as provided in sub-section D of this section. You must refer to section 4(D) below to determine the interest rate, monthly payment and estimated term of repayment of any "crammed down" loan. The deficiency balance owed on such a loan will be treated as an unsecured claim to be paid only to the extent provided in section 5 of the Plan. The following secured claims are to be "crammed down" to the following values:

CreditorCollateralPurchase DateEst. Debt Bal.Replacement ValueProgressive LeasingBedroom Set and Sofa20182,000.00500.00

### B. Real or Personal Property to be Surrendered.

Upon confirmation of the Plan, or before, the debtor(s) will surrender his/her/their interest in the collateral securing the claims of the following creditors in satisfaction of the secured portion of such creditors' allowed claims. To the extent that the collateral does not satisfy the claim, any timely filed deficiency claim to which the creditor is entitled may be paid as a non-priority unsecured claim. Confirmation of the Plan shall terminate the automatic stay under §§ 362(a) and 1301(a) as to the interest of the debtor(s), any co-debtor(s) and the estate in the collateral.

<u>Creditor</u> <u>Collateral Description</u> <u>Estimated Value</u> <u>Estimated Total Claim</u>

1

## Case 19-30796-KRH Doc 2 Filed 02/15/19 Entered 02/15/19 16:22:22 Desc Main Document Page 3 of 15

### C. Adequate Protection Payments.

19-30796

The debtor(s) propose to make adequate protection payments required by 11 U.S.C. § 1326(a) or otherwise upon claims secured by personal property, until the commencement of payments provided for in sections 4(D) and/or 7(B) of the Plan, as follows:

 Creditor Avid Acceptance LLC
 Collateral 2014 Nissan Altima 70,000 miles
 Adeq. Protection Monthly Payment 100.00 miles
 To Be Paid By Trustee

Any adequate protection payment upon an unexpired lease of personal property assumed by the debtor(s) pursuant to section 7(B) of the Plan shall be made by the debtor(s) as required by 11 U.S.C. § 1326(a)(1)(B) (payments coming due after the order for relief).

D. Payment of Secured Claims on Property Being Retained (except those loans provided for in section 6 of the Plan):

This section deals with payment of debts secured by real and/or personal property [including short term obligations, judgments, tax liens and other secured debts]. After confirmation of the Plan, the Trustee will pay to the holder of each allowed secured claim, which will be either the balance owed on the indebtedness or, where applicable, the collateral's replacement value as specified in sub-section A of this section, whichever is less, with interest at the rate provided below, the monthly payment specified below until the amount of the secured claim has been paid in full. Upon confirmation of the Plan, the valuation specified in sub-section A and interest rate shown below will be binding unless a timely written objection to confirmation is filed with and sustained by the Court.

| Creditor            | Collateral                | Approx. Bal. of Debt or | Interest Rate | Monthly Payment & |
|---------------------|---------------------------|-------------------------|---------------|-------------------|
|                     |                           | "Crammed Down" Value    |               | Est. Term         |
| Avid Acceptance LLC | 2014 Nissan Altima 70,000 | 15,800.00               | 5%            | Prorata           |
|                     | miles                     |                         |               | 30months          |
| Progressive Leasing | Bedroom Set and Sofa      | 500.00                  | 0%            | Prorata           |
|                     |                           |                         |               | 30months          |

#### E. Other Debts.

Debts which are (i) mortgage loans secured by real estate which is the debtor(s)' principal residence, or (ii) other long term obligations, whether secured or unsecured, to be continued upon the existing contract terms with any existing default in payments to be cured pursuant to 11 U.S.C. § 1322(b)(5), are provided for in section 6 of the Plan.

- 5. Unsecured Claims.
  - A. Not separately classified. Allowed non-priority unsecured claims shall be paid pro rata from any distribution remaining after disbursement to allowed secured and priority claims. Estimated distribution is approximately \_\_1\_\_%. The dividend percentage may vary depending on actual claims filed. If this case were liquidated under Chapter 7, the debtor(s) estimate that unsecured creditors would receive a dividend of approximately \_\_0\_\_%.
  - B. Separately classified unsecured claims.

<u>Creditor</u> <u>Basis for Classification</u> <u>Treatment</u>

- 6. Mortgage Loans Secured by Real Property Constituting the Debtor(s)' Principal Residence; Other Long Term Payment Obligations, whether secured or unsecured, to be continued upon existing contract terms; Curing of any existing default under 11 U.S.C. § 1322(b)(5).
  - **A. Debtor**(s) **to make regular contract payments; arrears, if any, to be paid by Trustee.** The creditors listed below will be paid by the debtor(s) pursuant to the contract without modification, except that arrearages, if any, will be paid by the Trustee either pro rata with other secured claims or on a fixed monthly basis as indicated below, without interest unless an interest rate is designated below for interest to be paid on the arrearage claim and such interest is provided for in the loan agreement. A default on the regular contract payments on the debtor(s) principal residence is a default under the terms of the plan.

 Creditor
 Collateral
 Regular
 Estimated\_ Arrearage
 Arrearage
 Estimated Cure
 Monthly

 Contract\_
 Arrearage
 Interest Rate
 Period
 Arrearage

 Payment
 Payment

# Case 19-30796-KRH Doc 2 Filed 02/15/19 Entered 02/15/19 16:22:22 Desc Main Document Page 4 of 15

CreditorCollateralRegular<br/>Contract<br/>PaymentEstimated<br/>ArrearageArrearage<br/>Interest RateEstimated Cure<br/>PeriodMonthly<br/>ArrearagePaymentPayment

-NONE-

**B.** Trustee to make contract payments and cure arrears, if any. The Trustee shall pay the creditors listed below the regular contract monthly payments that come due during the period of this Plan, and pre-petition arrearages on such debts shall be cured by the Trustee either pro rata with other secured claims or with monthly payments as set forth below.

CreditorCollateralRegular ContractEstimatedInterest RateMonthly Payment onPaymentArrearageonArrearage & Est. Term

Arrearage

-NONE-

C. Restructured Mortgage Loans to be paid fully during term of Plan. Any mortgage loan against real estate constituting the debtor(s)' principal residence upon which the last scheduled contract payment is due before the final payment under the Plan is due shall be paid by the Trustee during the term of the Plan as permitted by 11 U.S.C. § 1322(c)(2) with interest at the rate specified below as follows:

<u>Creditor</u> <u>Collateral</u> <u>Interest Rate</u> <u>Estimated Claim</u> <u>Monthly Payment & Term</u>

- 7. Unexpired Leases and Executory Contracts. The debtor(s) move for assumption or rejection of the executory contracts, leases and/or timeshare agreements listed below.
  - **A. Executory contracts and unexpired leases to be rejected.** The debtor(s) reject the following executory contracts:

<u>Creditor</u> <u>Type of Contract</u>

**B.** Executory contracts and unexpired leases to be assumed. The debtor(s) assume the following executory contracts. The debtor(s) agree to abide by all terms of the agreement. The Trustee will pay the pre-petition arrearages, if any, through payments made pro rata with other priority claims or on a fixed monthly basis as indicated below.

<u>Creditor</u> <u>Type of Contract</u> <u>Arrearage</u> <u>Monthly Payment for Estimated Cure Period</u> <u>Arrears</u>

Kings Crossing Lease of Residence 0.00 0months

- 8. Liens Which Debtor(s) Seek to Avoid.
  - A. The debtor(s) move to avoid liens pursuant to 11 U.S.C. § 522(f). The debtor(s) move to avoid the following judicial liens and non-possessory, non-purchase money liens that impair the debtor(s)' exemptions. Unless a written objection is timely filed with the Court, the Court may grant the debtor(s)' motion and cancel the creditor's lien. If an objection is filed, the Court will hear evidence and rule on the motion at the confirmation hearing.

<u>Creditor</u> <u>Collateral</u> <u>Exemption Basis</u> <u>Exemption Amount</u> <u>Value of Collateral</u>

**B.** Avoidance of security interests or liens on grounds other than 11 U.S.C. § 522(f). The debtor(s) have filed or will file and serve separate adversary proceedings to avoid the following liens or security interests. The creditor should review the notice or summons accompanying such pleadings as to the requirements for opposing such relief. The listing here is for information purposes only.

<u>Creditor</u> <u>Type of Lien</u> <u>Description of Collateral</u> <u>Basis for Avoidance</u>

9. Treatment and Payment of Claims.

## Case 19-30796-KRH Doc 2 Filed 02/15/19 Entered 02/15/19 16:22:22 Desc Main Document Page 5 of 15

- All creditors must timely file a proof of claim to receive any payment from the Trustee.
- If a claim is scheduled as unsecured and the creditor files a claim alleging the claim is secured but does not timely object to confirmation of the Plan, the creditor may be treated as unsecured for purposes of distribution under the Plan. This paragraph does not limit the right of the creditor to enforce its lien, to the extent not avoided or provided for in this case, after the debtor(s) receive a discharge.
- If a claim is listed in the Plan as secured and the creditor files a proof of claim alleging the claim is unsecured, the creditor will be treated as unsecured for purposes of distribution under the Plan.
- The Trustee may adjust the monthly disbursement amount as needed to pay an allowed secured claim in full.
- If relief from the automatic stay is ordered as to any item of collateral listed in the plan, then, unless otherwise ordered by the court, all payments as to that collateral will cease, and all secured claims based on that collateral will no longer be treated by the plan.
- Unless otherwise ordered by the Court, the amount of the creditor's total claim listed on the proof of claim controls over any contrary amounts listed in the plan.
- 10. Vesting of Property of the Estate. Property of the estate shall revest in the debtor(s) upon confirmation of the Plan.

  Notwithstanding such vesting, the debtor(s) may not transfer, sell, refinance, encumber real property or enter into a mortgage loan modification without approval of the Court after notice to the Trustee, any creditor who has filed a request for notice and other creditors to the extent required by the Local Rules of this Court.
- 11. Incurrence of indebtedness. The debtor(s) shall not voluntarily incur additional indebtedness exceeding the cumulative total of \$5,000 principal amount during the term of this Plan, whether unsecured or secured, except upon approval of the Court after notice to the Trustee, any creditor who has filed a request for notice, and other creditors to the extent required by the Local Rules of this Court.
- 12. Nonstandard Plan Provisions

□ None. If "None" is checked, the rest of Part 12 need not be completed or reproduced.

Under Bankruptcy Rule 3015(c), nonstandard provisions must be set forth below. A nonstandard provision is a provision not otherwise included in the Official Form or deviating from it. Nonstandard provisions set out elsewhere in this plan are ineffective.

The following plan provisions will be effective only if there is a check in the box "Included" in § 1.C.

### 1. Payment of Adequate Protection

- All adequate protection payments set forth in Section 3.C are to be paid through the Trustee.
- The Debtor(s) shall pay regular post-petition contract payments to the creditors listed in Section 5.A., and such payments shall also constitute adequate protection payments to such creditors. Accordingly, the Trustee shall not pay adequate protection payments to creditors listed in Section 5.A.
- No adequate protection payments are to be paid to any creditors unless the Plan provides for the payment of adequate protection of such claim(s) through the Trustee in Section 3.C. or directly by the Debtor(s) in Section 5.A., or unless the Court orders otherwise.

### 2. Payment of Attorney Fees

- Payment of Attorney Fees and Expenses - The claim for attorney fees and expenses shall be paid out of all funds available on first disbursement after confirmation of the plan, and until such claim for attorney fees and expenses is paid in full, except as reserved for adequate protection payments on allowed secured claims (if any), and trustee commissions.

Case 19-30796-KRH Doc 2 Filed 02/15/19 Entered 02/15/19 16:22:22 Desc Main Document Page 6 of 15

| Dated: February 6, 2019   | 19-30796   |
|---|--|
| /s/ Jacqueline Kyeve Shipp  | /s/ James E. Kane, Esquire   |
| Jacqueline Kyeve Shipp  | James E. Kane, Esquire 30081   |
| Debtor  | Debtor's Attorney  |
|   | or(s) or Debtor(s) themselves, if not represented by an attorney, also ovisions in this Chapter 13 plan are identical to those contained in the Local ons included in Part 12. |
| Exhibits: Copy of Debtor(s)' Budget (Schedul                                      | es I and J); Matrix of Parties Served with Plan  |
|   | Certificate of Service   |
| I certify that on <b>February 15, 2019</b> , I mailed a copy<br>List.             | y of the foregoing to the creditors and parties in interest on the attached Service  |
|   | /s/ James E. Kane, Esquire   |
|   | James E. Kane, Esquire 30081   |
|   | Signature  |
|   | P.O. Box 508   |
|   | Richmond, VA 23218-0508  |
|   | Address  |
|   | 804-225-9500   |
|   | Telephone No.  |
| CERTIFICATE OF  | SERVICE PURSUANT TO RULE 7004  |
| I hereby certify that on <b>February 15, 2019</b> true cop following creditor(s): | ies of the forgoing Chapter 13 Plan and Related Motions were served upon the   |
| ☐ by first class mail in conformity with the requirement                          | s of Rule 7004(b), Fed.R.Bankr.P.; or  |
| ☐ by certified mail in conformity with the requirements                           | of Rule 7004(h), Fed.R.Bankr.P   |
|   | /s/ James E. Kane, Esquire   |
|   | James E. Kane, Esquire 30081   |
|   |  |

Case 19-30796-KRH Doc 2 Filed 02/15/19 Entered 02/15/19 16:22:22 Desc Main Document Page 7 of 15

|             |   |                              |   |              |   |                       | 19-30796            |
|-------------|---|------------------------------|---|--------------|---|-----------------------|---------------------|
| Fill        | in this information to identify your ca   | ase:                         |   |              |   |                       |                     |
| Del         | otor 1 Jacqueline I   | Kyeve Shipp                  |   |              |   |                       |                     |
|             | otor 2<br>puse, if filing)  |                              |   |              |   |                       |                     |
| Uni         | ted States Bankruptcy Court for the   | : EASTERN DISTRICT           | OF VIRGINIA   |              |   |                       |                     |
| 1           | se number<br>   |                              |   |              | ck if this is:<br>An amende<br>A suppleme | -                     | ostpetition chapter |
| $\cap$      | fficial Form 106l   |                              |   | 1            | 13 income a                               | as of the follow      | ving date:          |
|             | <del></del>   |                              |   | N            | MM / DD/ Y                                | YYY                   |                     |
|             | chedule I: Your Inco  |                              |   |              |   |                       | 12/15               |
| spo<br>atta | plying correct information. If you use. If you are separated and you ch a separate sheet to this form.  11: Describe Employment | r spouse is not filing wi    | ith you, do not include informa                         | tion abou    | t your spo                                | use. If more          | space is needed,    |
| 1.          | Fill in your employment   |                              | Debtor 1  |              | Debtor 2                                  | or non-filing         | SUCCES              |
|             | information.  If you have more than one job,  |                              | ■ Employed  |              | ■ Emplo                                   |                       | эроизе              |
|             | attach a separate page with information about additional  | Employment status*           | ☐ Not employed  |              | ☐ Not e                                   | •                     |                     |
|             | employers.  | Occupation                   | QI Specialist   |              |   |                       |                     |
|             | Include part-time, seasonal, or self-employed work.   | Employer's name              | Keystone Peer Review<br>Organization                    |              |   |                       |                     |
|             | Occupation may include student or homemaker, if it applies.   | Employer's address           | 777 E Park Drive<br>PO Box 8310<br>Harrisburg, PA 17105 |              | PA 17                                     | 105                   |                     |
|             |   | How long employed the        | here? 8.5 years *See Attachment for                     | or Additio   | nal Emplo                                 | yment Inform          | ation               |
| Pai         | Give Details About Mor  | nthly Income                 |   |              |   |                       |                     |
|             | mate monthly income as of the duse unless you are separated.  | ate you file this form. If y | you have nothing to report for an                       | y line, writ | e \$0 in the                              | space. Include        | e your non-filing   |
|             | ou or your non-filing spouse have mo<br>e space, attach a separate sheet to   |                              | ombine the information for all em                       | ployers for  | that perso                                | n on the lines        | below. If you need  |
|             |   |                              |   | For De       | btor 1                                    | For Debtor non-filing |                     |
| 2.          | List monthly gross wages, sala deductions). If not paid monthly,  |                              |   | \$6          | 5,840.00                                  | \$                    | 0.00                |
| 3.          | Estimate and list monthly overt   | ime pay.                     | 3. +  | \$           | 0.00                                      | +\$                   | 0.00                |

6,840.00

0.00

4. Calculate gross Income. Add line 2 + line 3.

# Case 19-30796-KRH Doc 2 Filed 02/15/19 Entered 02/15/19 16:22:22 Desc Main Document Page 8 of 15

| Debt | or 1          | Jacqueline Kyeve Shipp   | =          | Case r      | number (if known) |           | 19-30796                |
|------|---------------|--|------------|-------------|-------------------|-----------|-------------------------|
|      |               |  |            | For         | Debtor 1          |           | Debtor 2 or             |
|      | Сор           | y line 4 here  | 4.         | \$          | 6,840.00          | \$        | n-filing spouse<br>0.00 |
| E    | Link          |  |            |             |                   |           |                         |
| 5.   | _             | all payroll deductions:  | <b>-</b> - | œ.          | 070.00            | Φ.        | 0.00                    |
|      | 5a.<br>5b.    | Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans   | 5a.<br>5b. | \$<br>\$    | 979.00<br>0.00    | \$_<br>\$ | 0.00<br>0.00            |
|      | 5c.           | Voluntary contributions for retirement plans   | 5c.        | <b>\$</b> — | 208.00            | ς<br>\$   | 0.00                    |
|      | 5d.           | Required repayments of retirement fund loans   | 5d.        | \$          | 0.00              | \$<br>-   | 0.00                    |
|      | 5e.           | Insurance  | 5e.        | \$          | 400.00            | \$_       | 0.00                    |
|      | 5f.           | Domestic support obligations   | 5f.        | \$          | 0.00              | \$_       | 0.00                    |
|      | 5g.           | Union dues   | 5g.        | \$          | 0.00              | \$        | 0.00                    |
|      | 5h.           | Other deductions. Specify:   | _ 5h.+     | \$          | 0.00              | + \$_     | 0.00                    |
| 6.   | Add           | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.   | 6.         | \$          | 1,587.00          | \$_       | 0.00                    |
| 7.   | Calc          | culate total monthly take-home pay. Subtract line 6 from line 4.   | 7.         | \$          | 5,253.00          | \$_       | 0.00                    |
| 8.   | List<br>8a.   | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total            |            |             |                   |           |                         |
|      |               | monthly net income.  | 8a.        | \$          | 0.00              | \$        | 0.00                    |
|      | 8b.           | Interest and dividends   | 8b.        | \$          | 0.00              | \$        | 0.00                    |
|      | 8c.           | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce  |            | _           |                   | _         |                         |
|      | 0.1           | settlement, and property settlement.   | 8c.        | \$          | 0.00              | \$_       | 0.00                    |
|      | 8d.           | Unemployment compensation  | 8d.<br>8e. | \$_<br>\$   | 0.00              | \$<br>\$  | 0.00                    |
|      | 8e.<br>8f.    | Social Security Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance   |            | Ψ           | 0.00              | Ψ_        | 0.00                    |
|      |               | that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:   | 8f.        | \$          | 0.00              | \$        | 0.00                    |
|      | 8g.           | Pension or retirement income   | <br>8g.    | \$          | 0.00              | \$        | 0.00                    |
|      | 8h.           | Other monthly income. Specify:   | 8h.+       | \$          | 0.00              | + \$_     | 0.00                    |
| 9.   | Add           | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.   | 9.         | \$          | 0.00              | \$_       | 0.00                    |
| 10   | Calc          | culate monthly income. Add line 7 + line 9.  | 10. \$     |             | 5,253.00 + \$     |           | 0.00 = \$ 5,253.00      |
|      |               | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.   |            |             | -                 |           |                         |
| 11.  | Inclu<br>othe | e all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your refriends or relatives. not include any amounts already included in lines 2-10 or amounts that are not acify: | depen      | ,           |                   | ,         | Schedule J. 11. +\$0.00 |
| 12.  |               | the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certaines   |            |             |                   |           | 12. \$ <b>5,253.00</b>  |
|      |               |  |            |             |                   |           | Combined monthly income |
| 13.  | Do y          | you expect an increase or decrease within the year after you file this form  | ?          |             |                   |           | monthly income          |
|      |               | No.  |            |             |                   |           |                         |
|      | 1 1           | Yes, Explain:  |            |             |                   |           |                         |

Case 19-30796-KRH Doc 2 Filed 02/15/19 Entered 02/15/19 16:22:22 Desc Main Document Page 9 of 15

| Debtor 1 | Jacqueline Kyeve Shipp | Case number (if known) | 1 ( | 9_ | -31 | $\cap$ - | 70 | 6 |
|----------|------------------------|------------------------|-----|----|-----|----------|----|---|
|          |                        |                        |     |    |     |          |    |   |

### Official Form B 6I Attachment for Additional Employment Information

| Debtor              |                       |  |
|---------------------|-----------------------|--|
| Occupation          | Charge Nurse          |  |
| Name of Employer    | Lakewood Manor        |  |
| How long employed   | 10 Years              |  |
| Address of Employer | 1900 Lauderdale Drive |  |
|                     | Henrico, VA 23238     |  |

Official Form 106I Schedule I: Your Income page 3

Case 19-30796-KRH Doc 2 Filed 02/15/19 Entered 02/15/19 16:22:22 Desc Main Document Page 10 of 15

19-30796

| Fill       | in this information to identify you   | r case:  |                           |   |                                  |  | 19-30/9  | ( |
|------------|---|--|---------------------------|---|----------------------------------|--|--|---|
| Deb        | otor 1 Jacqueline Ky  | /eve Shipp                                       |                           |   | Che                              | ck if this is:                             |  |   |
|            |   |  |                           |   |                                  | An amended filing                          |  |   |
|            | otor 2  |  |                           |   |                                  |  | ving postpetition chapter                            |   |
| (Sp        | ouse, if filing)  |  |                           |   |                                  | 13 expenses as of                          | the following date:                                  |   |
| Unit       | ted States Bankruptcy Court for the:  | EASTERN DISTRICT O                               | F VIRGINIA                |   |                                  | MM / DD / YYYY                             |  |   |
| Cas        | se number   |  |                           |   |                                  |  |  |   |
| (If k      | nown)   |  |                           |   |                                  |  |  |   |
| $\bigcirc$ | fficial Form 106J   |  |                           |   |                                  |  |  |   |
|            | chedule J: Your E   | xpenses  |                           |   |                                  |  | 12/1   | 5 |
| Be<br>info | as complete and accurate as pormation. If more space is neember (if known). Answer every    | possible. If two married ded, attach another she |                           |   |                                  |  |  |   |
| Par<br>1.  | t 1: Describe Your Househ Is this a joint case?   | old  |                           |   |                                  |  |  | _ |
|            | No. Go to line 2.   |  |                           |   |                                  |  |  |   |
|            | Yes. Does Debtor 2 live in  | a separate household?                            |                           |   |                                  |  |  |   |
|            | □ No  | u sopulute nousenoiu.                            |                           |   |                                  |  |  |   |
|            | = ::-   | file Official Form 106J-2,                       | Expenses fo               | or Separate Housel                            | nold of Deb                      | otor 2.                                    |  |   |
| 2.         | Do you have dependents?   | □ No   |                           |   |                                  |  |  |   |
|            | Do not list Debtor 1 and Debtor 2.  | ■ Yes. Fill out this inform each dependent.      |                           | Dependent's relation Debtor 1 or Debtor       |                                  | Dependent's age                            | Does dependent live with you?                        |   |
|            | Do not state the  |  | '                         |   |                                  |  | □ No   |   |
|            | dependents names.   |  |                           | Son   |                                  | 6  | ■ Yes  |   |
|            |   |  |                           |   |                                  |  | □ No   |   |
|            |   |  |                           |   |                                  |  | ☐ Yes  |   |
|            |   |  |                           |   |                                  |  | □ No   |   |
|            |   |  |                           |   |                                  |  | ☐ Yes  |   |
|            |   |  |                           |   |                                  |  | □ No   |   |
| 3.         | Do your expenses include  | <b>=</b>   |                           |   |                                  |  | ☐ Yes  |   |
| J.         | expenses of people other the<br>yourself and your dependent                                 |  |                           |   |                                  |  |  |   |
| Est<br>exp | Estimate Your Ongoing<br>timate your expenses as of you<br>benses as of a date after the ba | ur bankruptcy filing date                        | unless you<br>is a supple | u are using this fo<br>mental <i>Schedule</i> | rm as a sı<br><i>J</i> , check t | upplement in a Cha<br>he box at the top of | pter 13 case to report<br>f the form and fill in the |   |
| app        | olicable date.  |  |                           |   |                                  |  |  |   |
| the        | lude expenses paid for with no<br>value of such assistance and<br>ficial Form 106I.)        |  |                           |   |                                  | Your expe                                  | enses  |   |
| `          | ,   |  |                           |   |                                  |  |  |   |
| 4.         | The rental or home ownersh payments and any rent for the                                    |  | sidence. Inc              | lude first mortgage                           | 4.                               | \$   | 1,575.00   |   |
|            | If not included in line 4:  |  |                           |   |                                  |  |  |   |
|            | 4a. Real estate taxes   |  |                           |   | 4a. \$                           | \$   | 0.00   |   |
|            | 4b. Property, homeowner's,  | or renter's insurance                            |                           |   | 4b. 3                            | \$   | 40.00  |   |
|            |   | air, and upkeep expenses                         | 3                         |   | 4c. \$                           | ·  | 100.00   |   |
| _          | 4d. Homeowner's association   |  |                           |   | 4d. \$                           | ·  | 0.00   |   |
| 5.         | Additional mortgage paymer  | nts for your residence, s                        | uch as home               | e equity loans                                | 5. \$                            | \$   | 0.00   |   |

# Case 19-30796-KRH Doc 2 Filed 02/15/19 Entered 02/15/19 16:22:22 Desc Main Document Page 11 of 15

| Debtor 1 _                 | Jacqueline Kyeve Shipp   | Case num           | ber (if known) | 19-307                   |
|----------------------------|--|--------------------|----------------|--------------------------|
| 6. <b>Utilitie</b> s       | s:   |                    |                |                          |
|                            | Electricity, heat, natural gas   | 6a.                | \$             | 150.00                   |
|                            | Nater, sewer, garbage collection   | 6b.                | \$             | 0.00                     |
|                            | Felephone, cell phone, Internet, satellite, and cable services                       | 6c.                | ·              | 80.00                    |
|                            | Other. Specify: Cell Phone   | 6d.                | ·              | 110.00                   |
|                            |  |                    | ·              |                          |
|                            | and housekeeping supplies  | 7.                 | ·              | 300.00                   |
|                            | are and children's education costs   | 8.                 | \$             | 1,395.00                 |
|                            | ng, laundry, and dry cleaning  | 9.                 | \$             | 200.00                   |
| 0. Person                  | nal care products and services   | 10.                | \$             | 25.00                    |
| <ol> <li>Medica</li> </ol> | al and dental expenses   | 11.                | \$             | 200.00                   |
| -                          | portation. Include gas, maintenance, bus or train fare.                              | 12.                | •              | 150.00                   |
|                            | include car payments.  |                    | ·              |                          |
|                            | ainment, clubs, recreation, newspapers, magazines, and books                         | 13.                | ·              | 100.00                   |
| 4. Charita                 | able contributions and religious donations   | 14.                | \$             | 87.00                    |
| 5. <b>Insura</b> i         |  |                    |                |                          |
|                            | include insurance deducted from your pay or included in lines 4 or 20.               |                    |                |                          |
|                            | Life insurance   | 15a.               | \$             | 74.00                    |
| 15b. F                     | Health insurance   | 15b.               | \$             | 0.00                     |
| 15c. ∖                     | /ehicle insurance  | 15c.               | \$             | 198.00                   |
| 15d. C                     | Other insurance. Specify:  | 15d.               | \$             | 0.00                     |
| S. Taxes.                  | Do not include taxes deducted from your pay or included in lines 4 or 20             | ).                 |                |                          |
| Specify                    |  | 16.                | \$             | 0.00                     |
|                            | ment or lease payments:  |                    |                |                          |
|                            | Car payments for Vehicle 1   | 17a.               | ·              | 0.00                     |
| 17b. C                     | Car payments for Vehicle 2   | 17b.               | \$             | 0.00                     |
| 17c. C                     | Other. Specify:  | 17c.               | \$             | 0.00                     |
| 17d. C                     | Other. Specify:  | 17d.               | \$             | 0.00                     |
| 8. Your p                  | ayments of alimony, maintenance, and support that you did not rep                    | ort as             |                |                          |
|                            | ted from your pay on line 5, Schedule I, Your Income (Official Form                  | <b>106I).</b> 18.  |                | 0.00                     |
| 9. <b>Other բ</b>          | payments you make to support others who do not live with you.                        |                    | \$             | 0.00                     |
| Specify                    | <i>'</i> :   | 19.                |                |                          |
| O. Other r                 | real property expenses not included in lines 4 or 5 of this form or or               |                    |                |                          |
| 20a. N                     | Mortgages on other property  | 20a.               | \$             | 0.00                     |
| 20b. F                     | Real estate taxes  | 20b.               | \$             | 0.00                     |
| 20c. F                     | Property, homeowner's, or renter's insurance   | 20c.               | \$             | 0.00                     |
|                            | Maintenance, repair, and upkeep expenses   | 20d.               |                | 0.00                     |
|                            | Homeowner's association or condominium dues  | 20e.               |                | 0.00                     |
| 1. Other:                  |  | 21.                | ·              | 0.00                     |
|                            |  |                    | - Ψ            | 0.00                     |
|                            | ate your monthly expenses  |                    |                |                          |
|                            | dd lines 4 through 21.   |                    | \$             | 4,784.00                 |
| 22b. Co                    | opy line 22 (monthly expenses for Debtor 2), if any, from Official Form 10           | )6J-2              | \$             |                          |
|                            | dd line 22a and 22b. The result is your monthly expenses.                            |                    | \$             | 4,784.00                 |
|                            | , , , ,  |                    | <u> </u>       | 7,107.00                 |
|                            | ate your monthly net income.   |                    |                |                          |
|                            | Copy line 12 (your combined monthly income) from Schedule I.                         | 23a.               | \$             | 5,253.00                 |
| 23b. C                     | Copy your monthly expenses from line 22c above.                                      | 23b.               | -\$            | 4,784.00                 |
| 00 -                       |  |                    |                |                          |
|                            | Subtract your monthly expenses from your monthly income.                             | 23c.               | \$             | 469.00                   |
| I                          | The result is your monthly net income.   | 250.               | T              |                          |
| 4 Do you                   | ı expect an increase or decrease in your expenses within the year a                  | fter you file this | form?          |                          |
|                            | mple, do you expect to finish paying for your car loan within the year or do you exp |                    |                | or decrease because of a |
|                            | tion to the terms of your mortgage?  | ,                  |                |                          |
| ■ No.                      |  |                    |                |                          |
| ☐ Yes.                     | Explain here:  |                    |                |                          |

AFNI, Inc. P.O. Box 3667 Bloomington, IL 61702

Avid Acceptance LLC 6995 Union Park Center Midvale, UT 84047

C&f Finance Company 1313 E Main St Apt 400 Richmond, VA 23219

Calvary Portfolio Services Attention: Bankruptcy Department 500 Summit Lake Dr. Suite 400 Valhalla, NY 10595

Check City 2729 B West Broad Street Richmond, VA 23220

Check Into Cash 7601 West Broad Street Henrico, VA 23294

Commonwealth Radiology 1508 Willow Lawn Drive Suite 117 Richmond, VA 23230

Credit Acceptance 25505 W. Twelve Mile Rd Ste. 3000 Southfield, MI 48034

Eastern Account System INC. Attn: Bankruptcy Dept. Po Box 837 Newtown, CT 06470

Ecmc Po Box 16408 St. Paul, MN 55116

Focus Recovery Solutions Attn: Bankruptcy 9701 Metropolitan Court Ste B Richmond, VA 23236

Gastrointestinal Specialists c/o Solodar & Solodar 4825 Radford Ave, Ste 201 Richmond, VA 23230

Henrico Doctors Hospital PO Box 740760 Cincinnati, OH 45274

Horizon Financial Management 9980 Georgia Street Crown Point, IN 46307

IC System
Attn: Bankruptcy
444 Highway 96 East; Po Box 64378
St. Paul, MN 55164

Internal Revenue Service P.O. Box 7346 Philadelphia, PA 19101

James River Hospitalist Group P.O. Box 660827 Dallas, TX 75266

Kidmed 4687 Pouncey Tract Rd Glen Allen, VA 23059

Kings Crossing 10002 Castille Road Henrico, VA 23238

Mark Turner Properties LLC c/o Dankos Gordon 1360 E Parham Rd # 200 Henrico, VA 23228

Memorial Regional Medical Cent P.O. Box 409601 Atlanta, GA 30384

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NAPA P.O. Box 37090 Baltimore, MD 21297

NPAS PO Box 99400 Louisville, KY 40269

Pediatric Gastro of Rich Highland II Medical Building 7229 Forest Ave. Suite 106 Richmond, VA 23226

Progressive Leasing P O box 413110 Salt Lake City, UT 84141

QC-E Services, Inc. dba The Loan Store 7310 Staples Mill Road Henrico, VA 23228

Radiology Assoc. of Richmond PO Box 79923 Baltimore, MD 21279

Receivable Management 7206 Hull Street Rd Ste North Chesterfield, VA 23235

Resurgent Capital PO Box 1927 Greenville, SC 29602

St. Marys Hospital PO Box 409553 Atlanta, GA 30384

The Steward School 11600 Gayton Rd, Henrico, VA 23238

Verizon 500 Technology Dr Ste 30 Weldon Spring, MO 63304

Worldwide Asset Purchasing LLC PO Box 182125 Columbus, OH 43218